FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J90333 1. Corporation Name

RIZZO JEWELERS OF COCOA BEACH, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90103 025 ***150.00



Principal Place of Business		Mailing Address				f 1881/18 Stif (811) 88168 hiss tures nut sten stan stan sten sten sten sten			
MAIN STREET PLAZA		MAIN STREET PLAZA							
108		108 ROCHESTER MI 48307				DO NOT WRITE IN THIS SPACE			
ROCHESTER MI 48307					}	3. Date Incorporated or Qualified			
US		US				09/02/1987			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		- $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$	Applied For
21		26				59-2845207			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional
22					ļ	Certifcate of Status Desired		Fee I	Required
City & State		City & State				6. Election Campaign Financing		-	O May Be
23		28				Trust Fund Contribution			d to Fees
Zip Country		Zip Country				8. This corporation owes the curre	ent year Inta	ingible ☐ Yes	□No
24	25	29 30	1			Personal Property Tax. 10. Name and Address of New R	enistered A		
	9. Name and Address of Current	Registered Agent	8	1 Ns	ame	IV. Name and Address of New N	egistereu <u>r</u>	-gent	
IVAN	CHOK, MARC								
	MINUTEMAN CAUSEWAY		8:	2 St	reet Addres	t Address (P.O. Box Number is Not Acceptable)			
	OA BEACH FL 32931		8:	3					
			Ľ	_					
			8	4 Gi	ity		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-na	med corpor	ation submits this statement for the	purpose of	changing i	its registered
office or re	one provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was auth	orized b	y the	corporation'	s board of directors. I hereby accep	t the appoir	itment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and letter if annulinable (NOTE: Pa	ouetared Ac	ent sign	ature required w	han reinstating)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	en sign	acure required w	ADDITIONS/CHANGES TO OF		D DIRECT	FORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE	:				Change	
NAME	RIZZO, JAMES M.		1.2 NAME	•					
STREET ADDRESS	727 NASSAU ROAD	•	1.3 STRE	ET ADO	RESS				Į.
CITY-ST-ZIP	COCOA FL 32931		14 CITY-	ST-ZIP					
TITLE	VP □ DELETE		2.1 TITLE					☐ Change	e Addition
NAME .	RIZZO, JASON		2.2 NAME	Ξ					
STREET AODRESS	662 LAFFERTY		2.3 STRE	ET ADD	RESS				\ \
CITY-ST-ZIP -	-ROCHESTER-HILLS-MI-48307			4 CITY+ST-ZIP			<u>-</u>		
TITLE	☐ DELETE			3.1 TITLE				Chang	e
NAME			3.2 NAME	=					
STREET ADDRESS			3.3 STRE	ET ADD	RESS				}
CITY-ST-ZIP			3.4. CITY		,			☐ Chang	e
TITLE		☐ DELETE	4.1 TITLE						e 🗆 Addition (
NAME			4. 2 NAM						J
STREET ADDRESS			4.3 STRE						}
CITY-ST-ZIP		□ DELETE	4.4 CITY-		<u> </u>			☐ Chang	e Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					_ 2.10.19	
NAME			5.3 STRE		RESS				
STREET ADORESS			5.4 CITY-						Ì
CITY-ST-ZIP		☐ DELETE	6.1 TITLE					Chang	e Addition
TITLE		☐ nere ie	6.2 NAME					و، مارد	
NAME			6.3 STRE		RESS				l
STREET ADDRESS			0.001KE	LI MUU					Ĭ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURTASOND (2)220)